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Hemoptysis on False Rasmussen Aneurysm

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1. Clinical Medical Image

A 65 old man, with a history of heavy smoking was diagnosed with pulmonary tuberculosis. Admitted to the emergency room for respiratory distress with hemoptysis and stage III dyspnea, the biological workup revealed a hemoglobin of 9 with d-dimer of 10000, The thoracic angioscanner showed a distal right pulmonary embolism with an aneurysmal dilatation of a branch of the right superior lobar artery in relation to a Rasmusen aneurysm (figure 2) with foci of tuberculous bronchiolitis in the parenchymal window (figure 1).

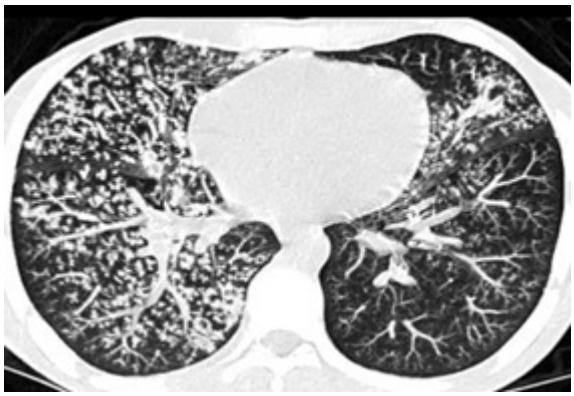

Figure 1: Nodular and micronodular image of bronchogenic distriction realizing the budded tree aspect in relation to bronchiolitis of tubercular origin

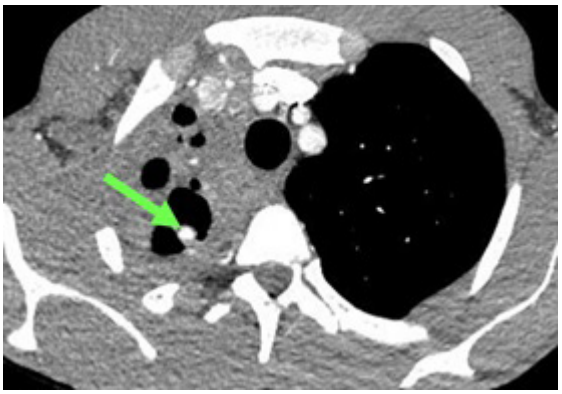

Figure 2: Right apical rounded vascular image synchronously enhancing at a level identical to that of the pulmonary arterial branches without signs of rupture

2. Discussion

Pulmonary tuberculosis is currently on the rise. Hemoptysis in cases of tuberculosis sequelae most often has a bronchial arterial origin. In the acute phase, the pulmonary arterial origin is seen in cases of false Rasmussen's aneurysm, which is most frequently located in or near a tuberculous cavern (or other pulmonary excavated lesion).

Rasmussen's aneurysm is due to granulomatous infiltration of the intima and media responsible for fibrinous degeneration and so-called aneurysmal dilatation

The management of patients presenting with hemoptysis due to active pulmonary tuberculosis is based on a multi-slice injected thoracic CT scan, which makes it possible to identify the pulmonary artery origin of the hemoptysis

In the setting of Rasmüssen's aneurysm, pulmonary arterial vaso-occlusion should be proposed systematically, which makes it

possible to wait for the effectiveness of the aneurysm treatment and to reduce the need for thoracic surgery.

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